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COVID-19 and the Indigenous Peoples of Turtle Island: Unusual and familiar times

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Abstract

The COVID-19 pandemic has led to significant societal disruptions throughout the world. While the virus can affect anyone, the lack of health infrastructure and significant social and health disparities found in many Indigenous communities, coupled with federal paternalism and on-going neglect of settler governments' legal responsibilities to First Nations Peoples, creates a context of substantial vulnerability. In spite of multiple, on-going challenges, many Indigenous people have responded with resilience and creativity in these difficult times. Focusing on the North American context of Turtle Island, this article describes the role of disease in colonization and the impact of past pandemics on Indigenous Peoples. The article reviews contemporary circumstances of Native people including health disparities and social determinants of health, followed by a description of the impact of COVID-19 on Native America, and how Indigenous Peoples are responding. This article, written in the midst of the pandemic, chronicles these times.

In early 2020, the world was in the beginning stages of a pandemic. While much remained unknown, the consistent public narrative emphasized elders and people with underlying health conditions are disproportionately affected. Indigenous Peoples were well aware that we faced significant risks and challenges.

At the time of this writing, fall 2020, the world has seen significant societal disruptions. To date, in the US alone there have been more than 8.1 million infections and almost 219,000 deaths from COVID-19 (Centers for Disease Control and Prevention, 2020), extended interruptions at all levels of education systems, and significant economic fallout from businesses closures and extended stay-at-home orders. Exercising their inherent sovereignty, Indigenous Peoples have implemented sometimes parallel and sometimes distinct responses to the pandemic.

Turtle Island is a term for Native North America that comes from stories of our origins on these lands. While this article focuses primarily on that context, examples from other contexts

illustrate commonalities in Indigenous experiences. Indigenous Peoples are diverse but our differences are not defined primarily by the colonial borders that have crossed us.

This article describes the role of disease in colonization and the impact of past pandemics on Indigenous Peoples. The article reviews contemporary circumstances of Native people including health disparities and social determinants of health, followed by a description of the impact of COVID-19 on Native America, and how Indigenous Peoples are responding. This article, written in the midst of the pandemic, chronicles these times.

As a social worker and author, I find it unusual to be documenting an ever-changing situation. On the other hand, as an Indigenous person, I am well aware that this is not our first pandemic and health disparities are not a new phenomenon in our communities. For the Indigenous Peoples of Turtle Island, the COVID-19 pandemic is an example of unusual and familiar times.

Historical Perspectives

When Europeans came to the Western Hemisphere, they brought diseases that quickly spread. Many scholars believe disease had a much greater impact on Indigenous mortality than warfare (Venables, 2004). Indeed, some scholars believe diseases spread so quickly that germs depopulated many areas before colonizers arrived (Diamond, 1999; Mann, 2006). Other scholars point to a synergy between imported diseases and other aspects of colonization including destruction of the food supply leading to widespread famine and malnutrition, destruction of Indigenous trade relationships creating dependency on Europeans, and loss of land and its sustaining elements; these factors all being mutually reinforcing aspects of colonization that increased susceptibility to disease (Dunbar-Ortiz, 2014). Historical conditions that facilitated widespread disease sound much like contemporary theories of social determinants of health.

Indigenous communities around the world have received less care and experienced significantly higher mortality rates during pandemics than the rest of the population. For example, Māori mortality in Aotearoa/New Zealand during the 1918 flu pandemic was 7.3 times higher than non-Indigenous mortality. Native Americans experienced mortality rates roughly four times that of other groups in past influenza pandemics (Hershey, 2019). In the US, 2.1% (6,632 out of 320,654) of Native Americans died during 1918 pandemic, with the first civilian outbreak in the country occurring at a Native American boarding school (Adams, 2020). Likewise, during the H1N1 Swine Flu outbreak in 2009, Aboriginal people in Canada accounted for 17.6% of deaths

although only 4.3% of that country's population (Godin, 2020). As noted by Chief David Monias of the Pimicikamak Cree Nation in Manitoba, during previous pandemics, "while the rest of Canada received services ... we were just left to die" (Godin, 2020, p. 1).

Contemporary Indigenous Peoples and Federal Responses to COVID-19

With the onset of COVID-19, there were firm directives from public health experts and governments to increase handwashing and social distancing. These seemingly basic recommendations were out of reach for many Indigenous people. Social distancing is impossible for people in overcrowded homes, as is washing hands without a reliable source of clean water. Health disparities are fueled by social determinants of health such as poverty and racism.

Public health responses reflect on-going tensions between Indigenous sovereignty and federal paternalism. Through treaties, the Canadian and US governments assumed responsibility for providing a variety of health and social services. Despite these legal mandates, services remain chronically underfunded and typically substandard. Access to services and supplies is difficult for Native people in remote areas. Getting timely and appropriate medical attention is difficult in communities where governments have failed to build a health infrastructure. Some people must travel hundreds of miles to the nearest medical facility (Godin, 2020).

Indigenous health services had difficulty getting test kits and appropriate personal protective equipment to respond to COVID-19. In a painful and macabre example, the Seattle Indian Health Board requested COVID-19 testing supplies but instead received a shipment of body bags. This mistake has an all-too-familiar resonance with many Native people (Ortiz, 2020).

In both Canada and the US, Indigenous people had to use legal channels to get support from the federal governments mandated to assist them. A stimulus law passed by the US Congress included \$8 billion for Native Americans, but it took a legal suit against the Treasury Department before funds could be accessed (Godin, 2020). By that time, the Navajo Nation had a higher per capita rate of COVID-19 than any US state (Kristof, 2020). Funding delays left frontline workers without adequate protection and forced closure of some of urban Native health facilities (Godin, 2020).

The Canadian federal government pledged \$216 million to protect Indigenous Peoples during the pandemic but this amounts to only around \$142 per person and does not assist Native people living off-territory, thus excluding over half the Indigenous population. In response, the Congress

of Aboriginal People in Canada filed a lawsuit alleging the government's COVID-19 response is inadequate and discriminatory. Subsequently, the Prime Minister announced \$54 million to support off-reserve Indigenous people (Godin, 2020).

COVID-19 has had a significant impact on many Native communities but the example with the most notoriety is that of the Navajo Nation. Navajo is the largest reservation in the US, home to 156,823 people, 47% of the Navajo population (Navajo Population Profile, 2013). By mid-May, the Navajo Nation had more than 4000 cases, surpassing the infection rate of any US state; 8142 cases as of July 11, 2020 (Navajo Department of Health, 2020). Like many people on the Navajo Reservation, Eric Freeland, age 34, lives in a crowded household and is diabetic, a preexisting condition that heightens risks associated with the coronavirus. He started coughing at the end of March but initially wasn't worried.

When Freeland's breathing became short and stuttered, his mother drove him to the nearest hospital where within minutes of arriving, he lost consciousness. He awoke three weeks later, hooked up to a ventilator, from a medically induced coma. "We've had epidemics before. We've had viruses before. In general, we've had a lot of things attack us before," says Freeland, who has since recovered fully. But this is "the worst case scenario" (Godin, 2020, p. 1).

The US federal government has shirked its legal and moral responsibilities to Native Americans. Health equity and social justice principles must be centered to address the inequitable effects of the pandemic on vulnerable populations while others benefit from the power of privilege (Smith & Judd, 2020). Despite the severity of the outbreak and federal responsibility for Indigenous health, assistance from federal governments has been little and late.

Indigenous Peoples of Turtle Island Respond to COVID-19

We retain aspects of sovereignty and continue to demonstrate resilience forged through adversity. Indigenous responses to COVID-19 have been both active and proactive. Native communities have developed channels for sharing information, have implemented culturally appropriate precautions (including stay at home orders and travel restrictions), and continue to encourage traditional ways of fostering wellbeing.

Educating ourselves and sharing information takes many forms. Webinars enable Indigenous experts from around the world to share information about what is happening in their communities and to develop strategic, culturally appropriate responses. For example, on April 3,

2020, the Center for Indigenous Cancer Research gathered Indigenous experts from the US, Canada, and Aotearoa to share their knowledge and perspectives on *COVID, Cancer, and Indigenous people* (Center for Indigenous Cancer Research, 2020). Likewise, the University of Toronto offered a webinar on *COVID-19 and Indigenous Populations: Not Repeating the Past* on April 22, 2020 (University of Toronto, 2020) and the Native Organizers Alliance offered a webinar April 29, 2020, *Native People and Corona Virus: Maintaining Community While Social Distancing* (Native Organizers Alliance, 2020). These are only a few early examples.

With full awareness that many Indigenous people and communities lack adequate access to on-line infrastructure, strategies were developed to meet the needs of different contexts. For example, on the Navajo Nation where internet access is limited, most people have radios. A public service announcement in the Navajo language was recorded by a Navajo nurse to share information about what COVID-19 is, how it spreads, and why and how tribal members can take precautions (Native Organizers Alliance, 2020).

In Minneapolis and St. Paul, Minnesota, organizers from the Native American Community Development Institute had developed a list of community members for use in outreach about the US Census and voter registration. That list became an ideal tool for reaching out and checking on community members during the pandemic (Native Organizers Alliance, 2020). While far from a high-tech method, implementing a *phone tree* turned out to be an effective way for supporting this urban Native community.

Native communities have implemented their own public health responses to COVID-19. The Six Nations of the Grand River in Ontario, Canada already had an emergency response plan, *Project: Protect Our Elders*. Elders are keepers of knowledge and language, therefore crucial to continuity of the People. Dr. Theresa McCarthy, Onondaga Beaver Clan, described her Nation's response to the COVID-19 pandemic.

What it involves is limiting outsiders to the community with check points and barricades at various points of entry on our reserve. This general pandemic response plan has been in place for a long time, since my mom worked in Six Nations public health and she's been retired for almost a decade now. But the plan was always to limit any outsiders from entry into the community as a measure to protect our people and to help curtail the spread of harmful disease in the event of a health crisis. Our elderly first language speakers and knowledge holders are our most precious resource and it's important to protect them at all costs and do what we can to limit the spread of the virus at Six Nations. So this is the plan. It's endorsed by both Councils. It's an enactment of sovereignty to protect our languages and culture for our future generations (personal communication).

Other Indigenous communities have also implemented public health measures to reduce the spread of COVID-19. For example, Lakota people set up check-points on roads to prevent outsiders from entering their territories (Abourezk, 2020). The Navajo Nation implemented strict lock-down measures and achieved a testing rate of 15.64%, far above the US average of 4.9%. As President Nez noted, "We are using our own sovereign ability to govern ourselves... The reason the Navajo Nation has managed this crisis isn't because of the federal government.... It's because of us" (Godin, 2020, p. 1).

The Lummi Nation began preparing for COVID-19 as soon as the virus was identified in China. They gathered medical supplies including test kits and created the first field hospital to address COVID-19 in the US. They declared a state of emergency a week before the US did, proactively implementing measures such as social distancing, drive-through testing, telehealth visits, and delivery of essential goods for elders (Godin, 2020).

Social distancing and stay-at-home orders were guided by cultural contexts. Dr. Evan Adams, Chief Medical Officer of the First Nations Health Authority emphasized, for Indigenous people, staying at home includes being out on our territories and does not require being inside a building. Being out on the land is important and healthy. This can include gathering, hunting, and fishing during the pandemic (Center for Indigenous Cancer Research, 2020).

Indigenous communities continue to encourage traditional ways of fostering wellbeing. Spring arrived on Turtle Island as the magnitude of the pandemic became clear. Although the threat of COVID-19 loomed large, the sap of the maple began to run, soon followed by berries. Signs of renewal abounded and medicines presented themselves for our use. People who gathered traditional medicines in the past went out on the land to do so. They were joined by others who wanted to learn traditional practices. People gathered medicines for their own needs and asked neighbors and elders who were unable to gather for themselves what they needed, thus reinforcing relationships of caring for each other. Bonds among people were developed, renewed, or strengthened during this difficult time.

Core expressions of Indigenous cultures such as ceremonies, singing, and dancing have always supported us and continue to sustain us in good times and bad. We are encouraged to do what affirms us, share it with others, or even sing or dance by ourselves. During the pandemic, the Indigenous Peoples of Turtle Island foster community in traditional and new ways, including on-line mechanisms like the Social Distance Pow Wow. This public Facebook group

(<https://www.facebook.com/groups/832568190487520/>) has almost 200,000 members and others can log on at any time without joining. On this site there are livestreams and videos of people telling traditional stories, sharing songs, dancing, and saying what is happening in their lives. This includes sharing about family members with COVID-19, community members who have died during the pandemic, babies who are born, and youth graduating. It is a community where joys and challenges are shared at all hours of the day or night. It counteracts social isolation and life disruptions.

Some say the Earth is taking a breath during the time of COVID-19. The air is cleaner and there is less noise with restricted human activity (Zambrano-Monserrate, et al., 2020). Many Indigenous people have also found this to be a time that allows the space to learn, whether it is language, gardening, regalia making, or medicine gathering. People are forced to pause from their usual responsibilities. Teaching and learning have become hallmarks of these challenging times. In places like Six Nations Reserve, children are going out on the land with their families as members of different generations seek to learn (University of Toronto, 2020).

There is a sense of empowerment during these challenging times. There is a conviction that we know what our communities need and we can develop appropriate strategies. As Dorothy Rhoades, Director of American Indian Cancer Initiatives at Stephenson Cancer Center in Oklahoma noted, we know what smallpox did to our communities. We have opportunities now to protect ourselves and others. We know how to limit exposure, and the importance of recognizing that some people may be asymptomatic yet still able to transmit the virus. While we may not be in large gatherings at this time, there is nothing like a virtual drum group to raise spirits. We will come together again (Center for Indigenous Cancer Research, 2020).

Moving Forward in this Sacred Time

This time of COVID-19 is much more than a health emergency. Many of us recognize this as a sacred time. During this pandemic we are well aware that death is close by while at the same time life is all around us. Grief and joy coexist. Blackberries are an important medicine and they remind us that the sweet, healing berry is part of a plant with sharp thorns. Balance and coexistence are part of the natural order that many human beings have forgotten. The thorn of COVID-19 is an important reminder.

We have had similar experiences in the past. COVID-19 is here now but we know we have experienced disease before. This is also a time of societal unrest where people are confronting systemic inequality and racism. Structural inequity is inherent in colonial systems. This is nothing new. We have always had people stand up for justice. At this time, some protests have spun off rioters fueled by anger and looters filled by greed. They have vandalized corner stores, youth centers, and small businesses central to our communities. This is not the first time we have experienced violence or that food supplies and things we have built have been destroyed.

Connections and relationships persist and are often strengthened through adversity. We remain resilient in these unusual and familiar times. As collective people, the strength of some, supports the rest of us through moments of despair. There are days when each of us may feel downhearted or is physically unable to move forward but as Patricia Longboat of Six Nations reminds us, as long as there is smoke rising from our Longhouses, as long as someone continues to raise their pipe in prayer, we know that we will continue to be alright (University of Toronto, 2020).

This is a time of regeneration of the world and ourselves. A time of continuity and responsibility for the future. We approach these challenges grounded in our traditional teachings and inherent sovereignty as Indigenous Peoples.

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